

**AFFIDAVIT OF  
OWNERSHIP**

**AFFIDAVIT**

STATE OF WASHINGTON     )  
COUNTY OF KING         )  
CITY OF ISSAQUAH        )

TAYLOR MORRISON NORTHWEST, LLC, being duly sworn depose and say, that I am (we are) the owner(s) of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief. The permit number is: \_\_\_\_\_

The address is: 1700 NE FALLS DRIVE ISSAQUAH

[Signature] 11/16/22  
Owner's Signature Date  
AUTHORIZED AGENT

\_\_\_\_\_  
Owner's Signature Date

Mailing Address: 13810 SE EASTGATE WAY SUITE 410 BELLEVUE 98005  
Street City State Zip

Phone: 425-586-7700  
Home Business

Subscribed and sworn to before me this 16th day of November, 20 22.



Jennifer A. Mahaffey  
Notary Public in and for the  
STATE OF WASHINGTON, residing at  
Issaquah

5-07 dl

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